Case	24-13666-a		iled 11/18/24 Entere ocument Page 1 of	d 11/18/24 14:55:43 4_	Desc Main
Fill in this information	to identify your ca	se:			
Debtor 1	Mouses First Name		Lamah Last Name		
nformation. If you are spouse is not filing wi	24-130 106 : Your Incocurate as possible married and not incompany to the you, do not incompany to the your name and one incompany to the your name and one incompany to the your name and one your name and your	Eastern I	Last Name District of Pennsylvania e are filing together (Debtor 1 and pouse is living with you, include in your spouse. If more space is new Answer every question.	chapter 13 MM / DD / Debtor 2), both are equally resinformation about your spouse.	ed filing ent showing postpetition income as of the following date: YYYY 12/15 sponsible for supplying correct If you are separated and your
Fill in your emploinformation.			Debtor 1	Debtor 2	or non-filing spouse
If you have more attach a separate information about employers. Include part time, self-employed wo	page with additional seasonal, or	Employment status Occupation Employer's name	□ Employed ☑ Not Employ Realtor	red Employed	Not Employed
or homemaker, if	nclude student it applies.	Employer's address	Number Street	Number Stree	et

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

State

Zip Code

City

State

Zip Code

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

City

How long employed there? _

Give Details About Monthly Income

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Debtor 1 Mouses Lamah Case number (if known) 24-13666

Last Name

First Name

Middle Name

			For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here→	4.	\$0.00	\$0.00	
5.	List all payroll deductions:				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
	5e. Insurance	5e.	\$0.00	\$0.00	
	5f. Domestic support obligations	5f.	\$0.00	\$0.00	
	5g. Union dues	5g.	\$0.00	\$0.00	
	5h. Other deductions. Specify:	5h.	+ \$0.00	+ \$0.00	
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$0.00	\$0.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$0.00	
8.	List all other income regularly received:				
	8a. Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross				
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$4,200.00	\$0.00	
	8b. Interest and dividends	8b.	\$0.00	\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	ob.	<u></u>		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00	
	8d. Unemployment compensation	8d.	\$0.00	\$0.00	
	8e. Social Security	8e.	\$0.00	\$0.00	
	8f. Other government assistance that you regularly receive				
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
	Specify:	8f.	\$0.00	\$0.00	
	8g. Pension or retirement income	8g.	\$0.00	\$0.00	
	8h. Other monthly income. Specify:	8h.	+ \$0.00	+ \$0.00	
	· · · · · · · · · · · · · · · · · · ·				
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$4,200.00	\$0.00	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$4,200.00	F \$0.00	\$4,200.00
11.	State all other regular contributions to the expenses that you list in Sched	dule J.			
	Include contributions from an unmarried partner, members of your househol friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that a		•	,	
	Specify:			. 11. 1	÷ \$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistics		•	come. Write that	\$4,200.00
					Combined monthly income
13.	Do you expect an increase or decrease within the year after you file this fo	orm?			-
	✓ No. ☐ Yes. Explain:				

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Debtor 1 Lamah Mouses Case number (if known) 24-13666 First Name Middle Name Last Name 8a. Attached Statement Lamah Group, LLC FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.) PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME: 1. Gross Monthly Income: \$4,200.00 PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES: Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts \$0.00 TOTAL PAYMENTS TO SECURED CREDITORS Other Expenses TOTAL OTHER EXPENSES \$0.00 \$0.00

\$4,200.00

4. TOTAL MONTHLY EXPENSES(Add item 2 - 21)
PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

5. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)

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Fill in this information	n to identify your case:		
Debtor 1	Mouses		Lamah
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bank	ruptcy Court for the:	Easte	ern District of Pennsylvania
Case number (if known)	24-13666		

$\mathbf{\Lambda}$	Check if this is ar				
	amended filing				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an attorne	ey to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the summ // /s/ Mouses Lamah Mouses Lamah, Debtor 1 Date 11/18/2024 MM/ DD/ YYYY	nary and schedules filed with this declaration and that they are true and correct.